

WHCoA Post-Event Report

Name of Event: Optimizing Medication Therapy Management

Date of Event: June 30, 2005

Location of Event: University of the Sciences in Philadelphia, PA

Number of Persons Attending: 15

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Optimizing Medication Therapy Management (MTM) Programs

Priority Issue #1: Medication-related problems (MRP) (broadly classified as suboptimal prescribing related to underutilization of medications, polypharmacy, adverse drug events (ADE), and inappropriate prescribing) would represent the *5th leading cause of death* in the U.S. if classified as a disease.^{12, 41}

Priority Issue #2: The current definition of a target beneficiary for MTM as outlined in the MMA 2003 regulation includes:

- a. Multiple chronic diseases AND
- b. Multiple Part D drugs AND
- c. The likelihood of incurring high annual costs

These criteria are too narrow to capture seniors at high risk for MRP. These factors, based upon the premise of cost effectiveness, skew entry level criteria into MTM and miss many beneficiaries who would otherwise qualify for MTM based on evidence-based risk factors.

Priority Issue #3: Frail older adults with multiple co-morbidities are often sub-optimally treated for chronic conditions around which clear therapeutic guidelines exist. If followed, these guidelines would reduce morbidity and cost. Under the current proposed PDP structure, plans have no incentive to *ADD* medications for untreated indications (such as ACE inhibitors, beta blockers, and diuretics for heart failure). Failure to adhere to evidence-based treatment guidelines on the part of the prescriber results in avoidable injury to patients and enormous cost to the health care system.

Barriers:

Major barriers to optimizing medication therapy management (MTM):

Physician-related Barriers

- Too few physicians trained in geriatrics
- Physicians' lack of prescribing due to fear of adverse effects in the elderly
- Prescriber non-adherence to evidence-based guidelines and standards for treatment

Patient-related Barriers

- Exclusion of elderly persons from participation in clinical trials
- Older adults more likely to have multiple chronic conditions
 - Places the patient at risk for increased disability
- Access barriers to medications
 - Socioeconomic barriers
- Poor health literacy
- Poor adherence to medication regimens
 - Adherence declines dramatically with age

Healthcare System- related Barriers

- Current healthcare system is not well-organized to meet the needs of the frail elderly
- Lack of comprehensive patient data at the point of care
- Multiple prescribers and absence of coordinated care

Proposed Solutions:

1. Redefine the Medicare target beneficiaries for MTM in Part D as those at greatest risk for medication misadventures based upon appropriate risk stratification criteria.
2. Capture the necessary data for identifying those seniors at greatest risk, and make those data available via electronic health records.
3. Implement tools to affect prescriber behavior most efficiently through the use of sophisticated information systems such as ePrescribing and electronic health records.
4. Conduct a demonstration project to define the critical elements of medication therapy management.
5. Conduct pharmacy literacy education including:
 - a. Direct-to-consumer education for the public, and
 - b. Academic detailing for prescribers.

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